S. No. 2
I—11-10-39
r. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9029

Registrar's No. 2512

Registration District No. 7917

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3721 Hebert St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St. Louis (If outside city or town limits write "RURAL") 10

(d) Street No.: 3721 Hebert St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Anna Heitgras,

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Frank Heitgras

6. (c) Age of husband or wife if alive: 67 years

7. Birth date of deceased: Nov. (Month) 16 (Day) 1879 (Year)

8. AGE: Years 60 Months 3 Days 26 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER 12. Name: John King

13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

MOTHER 14. Maiden name: Margaret Cooney

15. Birthplace: Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Frank Heitgras

(b) Address: 3721 Hebert St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 16-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cullinane Bros.

(b) Address: 1710 N. Grand Blvd.

19. (a) MAR 15 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1940 hour 4 minute 05 a. M.

21. I hereby certify that I attended the deceased from Jan 29, 1940 to Feb 29, 1940 that I last saw her alive on Feb 29, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Ca Carcinoma of Abdomen & Pelvic Viscera

Due to: Carcinoma of Ovary

Due to:

Other conditions: None. (Include pregnancy within 3 months of death)

Major findings: Of operations: Large malignant Ovarian Cyst

Of autopsy:

Duration: Prior

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): None

(b) Date of occurrence:

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Glee Dorsett (M. D. or other)

Address: Date signed:

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.